PTC/SB/06 (12-04)
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adened: Office: U.S. DEPARTMENT OF COMMERCE

Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information uniters it displays a valid CMB control number.											
PATENT APPLICATION FEE DETERMINATION RECORD Substitutes for Form PTO-878								01528261			
APP		SMALL I	ENTITY	OR.	OTHER SMALL						
FOR	(Column 1) (Column 2 FOR MADUSER FOLED MURISUR EXT			ER EXTRA		RATE (5)	FEE (\$)		RATE (3)	FEE (1)	
BASIC FEE (37 CFR 1.16(1), (to), or (ct)	N/A		N/A			N/A	725,07		NUA	7 C.C. (0)	
SEARCH FEE	NIA		NA			N/A			NIA		
EXAMINATION FEE (37 GFR 1.18(4), (9), or (q))	N/A		NA			NA			NA		
TOTAL CLAIMS (37 CFR 1.15(1))	al	o OS essenti				, X =		QR.	x •		
INDEPENDENT CLAIMS (37 CFR 1.1600)		teri	•			x •		i	x .		
ti the specification and drawings exceed 100 APPLICATION SIZE FEE state of paper, the application size fee due is \$250 (\$125 for amail entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(3)						NA			NA		
* If the difference in column 1 is less than zero, enter 'V' in column 2.						TOTAL			TOTAL		
	Quino 1) CABMS CMAINING AFTER CHOMENT	PR	Column 2) OCHEST ULMBER EVICUSLY AID FOR	(Column 3) PRESENT EXTRA		SMALL E	ADDI- TIONAL FEE (8)	OR	OTHER SMALL RATE (3)		
Total AM Total (pro-rating) O independent (pro-rating)		inus **	57	.0		х •	72210	OR.	58.	0	
Contemporal Contem	1.08	nus ""	10	· Ø		x -		OR	×200.	Ø	
Application Size Fe	Application Size Fee (\$7 CFR 1.18(e))									/	
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (17 CFR 1.16(1)						N/A		OR	NA		
plake						ADD'L FEE		OR	TOTAL ADD'L FEE	P	
	okana 1)		(Column 2)	(Column 3)							
ED RI	CLAIMS EMAINING AFTER ENDMENT	PR	OGHEST LUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE(S)	ADDI- TIONAL FEE (5)		RATE (S)	ADDI- TIONAL FEE (8)	
Total AM Total or cra Luigo	52 16	nus "	57	• ర		х -		OR	х •		
Z prominer	10	mus —	10	්ර		x =		OR	х =		
Application Size Fee	Application Size Fee (37 CFR 1,16(s))										
FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (UT CIRI 1.16(1))						N/A		OR	N/A		
•						TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less then the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

The "tighest Number Previously Pets For" (I total or Intels SPACE is less than 3, enter "5".

The "tighest Number Previously Pets For" (I total or independent) is the highest number hound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a barnetit by the public which is to tile (and by the USPTO to processa) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed explication form to the USPTO into will very depending upon the Individual case. Any comments on the amount of time you require to complete this form endor suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS. SEND TO: Commissioner for Patentia, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.

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	PATENT		CATION FEE			TION REC	ORD	·	09/	529	8261		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL TYPE	ENTITY	Of	HTO COLONIA	THAN LENTITY	
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FOR			NUMB	ER FILED	MUL	ABER EXTRA		BASIC FEE			BASIC FE		
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М	MULTIPLE DEPENDENT CLAIM PF				ٺ ۔ ۔ ۔					- OR	\200=		
٠	f the difference	e in colum	n 1 is less than	ess than zero, enter "0" In column 2			+180=		OR	+360=			
	, ,	7		•				TOTAL	· L	OR	TOTAL		
	11/29/08	Çolum) Çolum		MENDED - PART II (Column 2) (Column 3)				SMALLENTITY			OTHER THAN OR SMALL ENTITY		
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							L	TOTAL		OR	TOTAL		
	(Column 1) (Column 2) (Column 3)						AD	XXIT. FEE	L	JOH.	adont fee	L	
AMENDMENT B		CLAIM REMAINI AFTER AMENDM	ING R	HIGHE NUMBI PREVIOU PAID FO	ST ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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		(Column	1)	· (Column	21	(Column 3)	ADI	DIT. FEE		10,, 4	DOIT. FEEL		
AMENDMEN I C		CLAIMS REMAINII AFTER AMENDME	AG .	HIGHES NUMBE PREVIOU PAID FO	R. SLY	PRESENT EXTRA	F 7	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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